

What is a Civil Harassment Restraining Order?

It is a court order that helps protect people from harassment.

Can I get a Civil Harassment Restraining Order?

You can ask for one if you are worried about your safety because someone:

- Stalked
- Harassed
- Sexually assaulted *or*
- Threatened you with violence.

How will the order help me?

The court can order a person to:

- Not harass or threaten you
- Not contact or go near you *and*
- Not have a gun

You can also ask for protection for other family or household members.

What forms do I need to get the order?

Fill out Forms CH-100 and CH-120. Then file them with the court clerk.

Where can I get these forms?

You can get the forms at any courthouse or county law library at: www.courtinfo.ca.gov/forms

How soon can I get the order?

If you ask for a temporary restraining order (Form CH-120), the court will decide within 24 hours whether or not to make the order. Sometimes the court decides sooner.

How long does the order last?

If the court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to 3 years.

How will the person to be restrained know about the order?

Someone over 18 years of age—not you or anyone else protected by the order— must “serve” (give) the person to be restrained a copy of the order. For help with service, ask the court clerk for Form CH-135.

What if the restrained person does not obey the order?

Call the police. The restrained person can be arrested and charged with a crime.

How much does it cost?

That depends on the type of harassment. If the restrained person has used or threatened to use violence against you or has stalked you, you do not have to pay a filing fee.

If you cannot afford to pay the filing fee, ask the clerk how to apply for a fee waiver.

You are entitled to free service of the court’s order by a sheriff or marshal, if the order is based on fear of sexual assault or stalking. Use Form CH-101 to request free service. If you are not eligible for free service, you may pay the sheriff or marshal to serve the order.

The court can make the person who loses the case pay all the court fees and the lawyer’s fees for the other party.

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk’s office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code, § 54.8.)



Do I have to go to court?

Yes. Go to court on the date the clerk gives you.

Do I need a lawyer?

No. But it is a good idea. Ask the court clerk about free and low-cost legal services and self-help centers in your county.

Do I need to bring a witness to the court hearing?

No. But it helps to have proof of the harassment. You can bring:

- A written statement from witnesses made under oath
- Witnesses
- Photos
- Medical or police reports
- Damaged property
- Threatening letters, e-mails, or telephone messages

The court may or may not let witnesses speak at the hearing. So, if possible, you should bring witnesses' written statements under oath to the hearing. (You can use Form MC-030 for this.)

Will I see the restrained person at the court hearing?

If the person comes to the hearing, yes. But that person does not have the right to speak to you. If you are afraid, tell the court officer.

Can I bring someone with me to court?

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If the interpreter is not available for your court date, bring someone to interpret for you. You cannot ask a child under 18 to interpret for you.

What if I am deaf?

If you are deaf, contact the clerk at least 5 days before the hearing. Ask for an interpreter or other accommodation. (See information on Requests for Accommodations at the bottom of page 1.)

What if I move?

Your restraining order works anywhere in the United States. If you move out of California, contact your new local police so they will know about your orders.

Need more information?

Ask the court clerk about free or low-cost legal help.

For help in your area, contact:

[Local information may be inserted.]

HOW TO GET EMERGENCY OR 'EX PARTE' ORDERS

COMPLETE THE FORMS

1. Your ex parte or emergency request is made on the Civil Harassment forms, Domestic Violence forms or, in a family law case on an Order to Show Cause. These forms are available from the Clerk's Office in both courthouses. Assistance with completion of the forms is available in the Family Law Self-Help Centers.

IMPORTANT! For emergency custody orders there must be an emergency relating to the safety of your minor children. Emergency orders are only issued if the children are in immediate danger, not because the other parent is not cooperating with you in parenting.

PICK A DATE AND TIME FOR YOUR HEARING

2. For all types of cases, you will need to set a date and time for your hearing.

A. FOR DOMESTIC VIOLENCE OR HARASSMENT RESTRAINING ORDERS:

- If you are requesting a Domestic Violence Restraining Order or Civil Harassment Restraining Order, in an existing case or in a new case, your request must be heard in Courtroom 34. You can choose to have your matter heard on any court day, at either 10:00 a.m. or 3:00 p.m. You must give enough time for proper notice (see #4).

B. FOR OTHER EMERGENCY (EX PARTE) REQUESTS:

Ex Parte applications are strongly disfavored.

Ex Parte requests are based entirely on the papers you submit to the court and must include a factual declaration that states:

- 1) the existing custody order, if any.
- 2) what the parties are actually doing with custody/visitation
- 3) the orders you want the court to make, including a proposed order
- 4) the immediate danger to the minor children including the status of any referral to Child Protective Services. If your request is for something other than custody orders, explain in detail why this matter must be heard immediately instead of the regular calendar. Ex Parte orders are not issued regarding child/spousal support.

COURTROOM 34 (FORMERLY 33)

- If your case is already assigned to Courtroom 34 (formerly Courtroom 33), you can choose to have your matter heard on any court day, either 10:00 a.m. or 3:00 p.m. You must give enough time for proper notice (see #4).

SIMI VALLEY CASES (non restraining orders):

- If your case is or will be in the *East County Courthouse*, your hearing will be set in Courtroom S-2. You can obtain your appointment time from the Judicial Secretary at 582-8072.

VENTURA COURTROOMS 32 AND 33 (FORMERLY 40 AND 41)

- If you have an existing family law case in the *Ventura Courthouse*, you can obtain an appointment time by calling the Judicial Secretary for your court:
 - In Courtroom 32 (formerly 40) , for case numbers ending with an even number, call 654-2997
 - In Courtroom 33 (formerly 41) , for case numbers ending with an odd number, call 654-2995

GIVE NOTICE TO THE OTHER PARTY

3. By 10:00 a.m. the court day before your hearing, you or someone for you, must tell the other party about the hearing. The notice can be given by telephone, in person, or by a third party, and must include the date, time, and courtroom for the hearing, as well as what order you are seeking.

Whoever gives notice must complete and sign the Declaration re Ex Parte Notice form

FILE YOUR PAPERS

4. Take your papers to the Clerk at least 2 hours before the hearing. In Ventura, the Clerk is in Room 208, second floor. In Simi Valley, on the first floor. Keep a copy for yourself and for the other party and bring the copies to court with you.

THE EX PARTE HEARING

5. At the time of your ex parte hearing, you will go to the assigned courtroom and tell the bailiff you are there. The court may decide the issues solely on the papers you have submitted. If the other party appears and objects, the Judge may ask you and the other party some questions before making a decision.

If the court *does* issue the ex parte orders, a court date will be set for you and the other party to return for a second hearing. You must take the papers back to the Clerk's Office to be filed. A filing fee may be required for non-restraining order cases. If you are of limited income, you may be able to qualify for a FEE WAIVER. Waiver forms are available in the Clerk's Office and the Self-Help Centers.

SERVICE OF THE PAPERS

6. Another adult must give the papers to the other party. The person who does this must complete the Proof of Service. It is your responsibility to see that the Proof of Service is filed with the court.

THE ORDER TO SHOW CAUSE

7. The Order to Show Cause hearing will be set within 15-25 days. You will need to prepare and bring with you the order you want to court to grant.

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA 800 SOUTH VICTORIA AVE. VENTURA, CA 93009 3855 – F ALAMO ST. SIMI VALLEY, CA 93063-2110		
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT		
DECLARATION RE EX PARTE NOTICE Dom. Violence Restraining Order Civil Harassment Restraining order Custody / Other		CASE NUMBER:

1. I informed the other party in this action that an emergency order would be sought as follows:

Person informed: (Name) _____ Date and time informed: _____

How Informed:

By telephone to the _____ party _____ attorney at (Telephone Number) _____

By leaving a message with (Name) _____ at (Telephone Number) _____
 relationship to party: _____

By leaving a message on voicemail of the party at (Telephone Number) _____

By personally informing:

the party

another person (name) _____ Relationship to party: _____

Other: _____

2. I informed the person listed above that an order would be sought in the Superior Court of Ventura County at

800 South Victoria Ave., Ventura

3855-F Alamo St., Simi Valley on:

Date: _____ **Time:** _____ **Courtroom:** _____

3. I told him/her that the orders requested included, but were not limited to:

Domestic Violence Restraining Orders with _____ move-out orders _____ custody orders _____

Civil Harassment Restraining Orders

Custody / visitation orders, specifically: _____

Other _____

and that he/she should appear at the above time and place if he/she wished to be heard by the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

 Signature of Declarant

DECLARATION RE: EX PARTE NOTICE - NO NOTICE GIVEN

Dom. Violence Restraining Order

Civil Harassment Restraining order

Custody / Other

Instructions: Notice must be given for all Ex Parte requests unless the person requesting the order can establish exceptional circumstances to excuse notice.

1. I, _____, am requesting Ex Parte orders as stated below. I am requesting that notice be excused in this matter.

2. Ex Parte hearing is set at **800 South Victoria Ave., Ventura**
3855-F Alamo St , Simi Valley

on: Date: _____ **Time:** _____ **Courtroom:** _____

3. I am requesting the following orders:

Domestic Violence Restraining Orders with _____ move-out orders _____ custody orders

Civil Harassment Restraining Orders

Custody / visitation orders, specifically: _____

Other _____

4. Notice should be excused because (provide details as to why the other party should not be told, in advance, of your request for emergency orders)

I do not have any way to give notice to the other party because: _____

If notice is given, I, or the children, will suffer immediate harm, specifically: _____

Giving notice would frustrate the purpose of this order because: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

Signature of Declarant

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): TELEPHONE NO.: BAR NO.: ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA <input type="checkbox"/> 800 S. VICTORIA AVE., VENTURA CA. 93009 <input type="checkbox"/> 3855-F ALAMO ST. SIMI VALLEY, CA. 93063-2110	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION FOR COURT ASSIGNMENT <i>(Family Law and Unlawful Detainer and all other General Civil actions ONLY)</i>	
CASE NUMBER:	

Family Law, Domestic Violence, Paternity, Harassment, Unlawful Detainer, and all other General Civil actions presented for filing **MUST** be accompanied by this declaration.

The undersigned declares that the above entitled matter is filed for proceedings in the:

☐ **East County Division**, 3855-F Alamo St., Simi Valley, CA 93063 (Based upon Zip Code designation.)

<input type="checkbox"/> 91301	<input type="checkbox"/> 91302	<input type="checkbox"/> 91304	<input type="checkbox"/> 91307	<input type="checkbox"/> 91320 - <u>Excluding Family Law</u>
<input type="checkbox"/> 91360	<input type="checkbox"/> 91361	<input type="checkbox"/> 91362	<input type="checkbox"/> 91377	<input type="checkbox"/> 93020 <input type="checkbox"/> 93021
<input type="checkbox"/> 93062	<input type="checkbox"/> 93063	<input type="checkbox"/> 93064	<input type="checkbox"/> 93065	<input type="checkbox"/> 91363

☐ **Ventura Division**, 800 S. Victoria Ave., Ventura, CA 93009 (Venue does NOT fall within the Zip Codes above but is within Ventura County.)

For the checked reason:

<input type="checkbox"/> Contract	Performance in the division is expressly provided for
<input type="checkbox"/> Equity	The cause of action arose within the division
<input type="checkbox"/> Eminent Domain	The property is located within the division
<input type="checkbox"/> Family Law	Plaintiff, defendant, petitioner or respondent resides within the division
<input type="checkbox"/> Harassment	Plaintiff, defendant, petitioner or respondent resides with the division
<input type="checkbox"/> Mandate	The defendant functions wholly within the division
<input type="checkbox"/> Name Change	The petitioner resides within the division
<input type="checkbox"/> Paternity	Plaintiff, defendant, petitioner or respondent resides within the division.
<input type="checkbox"/> Personal Injury	The injury occurred within the division or the defendant resides within the division
<input type="checkbox"/> Personal Property	The property is located within the division or the defendant resides within the division
<input type="checkbox"/> Prohibition	The defendant functions wholly within the division
<input type="checkbox"/> Review	The defendant functions wholly within the division
<input type="checkbox"/> Title to Real Property	The property is located within the division
<input type="checkbox"/> Unlawful Detainer	The property is located within the division
<input type="checkbox"/> Domestic Violence	Plaintiff, defendant, petitioner or respondent resides within the division
<input type="checkbox"/> Civil not otherwise specified	_____

(Venue Rule Applicable)

The address of the accident, performance, party, detention, place of business, or other factor which qualifies this case for filing in the division:

Name: _____ Address: _____

Upon information and belief, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ Signature of Attorney/Party _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): NO.: ATTORNEY FOR (<i>Name</i>):	TELEPHONE NO.: FOR COURT USE ONLY
COURT NAME: SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
CONSENT FOR COURT ASSIGNMENT <i>(Family Law)</i>	CASE NUMBER:

The undersigned hereby consents that the cause titled and numbered above may be tried by **Bruce A. Young** Court Commissioner of the Ventura County Superior Court, as temporary judge, in accordance with Article 6, Section 21 of the Constitution of the State of California.

It is understood by the undersigned that by order of the Presiding Judge of the Ventura County Superior Court, Commissioner Bruce A. Young has been appointed to act as temporary judge to try the above referenced case, hear and decide all motions, and make any orders including sentencing connected with this case. It is understood that Commissioner Bruce A. Young, has been appointed to try the case referred to, and has taken the necessary oath of office to try the case as temporary judge.

Dated: _____

Signature of litigant or attorney

Clerk stamps date here when form is filed.

1 Your name (person asking for protection):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone number (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

Superior Court of California, County of

Court fills in case number when form is filed.

Case Number:**2** Name of person you want protection from:Describe the person: Sex: ☐ M ☐ F Weight: _____

Height: _____ Race: _____ Hair Color: _____

Eye Color: _____ Age: _____ Date of Birth: _____

Home Address (*if you know*): _____

City: _____ State: _____ Zip: _____

Work Address (*if you know*): _____

City: _____ State: _____ Zip: _____

3 Besides you, who needs protection? (*Family or household members*)

Full Name	Sex	Age	Lives with you?	How are they related to you?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 3—Describe Protected Persons" at the top of the page.**4** Why are you filing in this court? (*Check all that apply*):☐ The person in **2** lives in this county.☐ I was hurt (physically or emotionally) by the person in **2** here.☐ Other (*specify*): _____**5** How do you know the person in **2**? (*Describe*):**This is not a Court Order.**

Your name: _____

Case Number: _____

6 Describe how the person in **(2)** has harassed you:

a. Date of most recent harassment: _____

b. Who was there? _____

c. Did the person in **(2)** commit any acts of violence or threaten to commit any acts of violence against you?

☐ Yes ☐ No

If yes, describe those acts or threats: _____

d. Did the person in **(2)** engage in a course of conduct that harassed you and caused substantial emotional distress? ☐ Yes ☐ No

If yes, describe: _____

e. Did the conduct of the person in **(2)** described above seriously alarm, annoy, or harass you? ☐ Yes ☐ No

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 6—Describe Harassment" at the top of the page.

Check the orders you want ☒

7 ☐ **Personal Conduct Order**

I ask the court to order the person in **(2)** to NOT do the following things to me or anyone listed in **(3)**:

a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.

b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail.

8 ☐ **Stay-Away Order**

I ask the court to order the person in **(2)** to stay at least (specify): _____ yards away from me and the people listed in **(3)** and the places listed below: (Check all that apply):

a. ☐ My home

d. ☐ My vehicle

b. ☐ My job or workplace

e. ☐ Other (specify): _____

c. ☐ My children's school or child care _____

If the court orders the person in **(2)** to stay away from all the places listed above, will that person still be able to get to his or her home, school, or job? ☐ Yes ☐ No

If no, explain: _____

9 ☐ **Others to Be Protected**

Should the other people listed in **(3)** also be covered by the orders described above?

☐ Yes

☐ No

☐ Does not apply

If yes, explain: _____

This is not a Court Order.



Your name: _____

Case Number: _____

10 Order About Guns or Other Firearms

I ask the court to order the person in ② to be prohibited from owning, possessing, purchasing, or receiving, or attempting to purchase or receive firearms **and** to sell or turn in any guns or firearms that he or she controls.

11 ☐ Other Orders

I ask the court to order the person in ② to (specify): _____

12 ☐ Temporary Orders

Do you want the court to make orders now on the matters listed in ⑦, through ⑪ that will last until the hearing? ☐ Yes ☐ No

If yes, explain why you need these orders right now: _____

☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 12—Temporary Orders" at the top of the page.

13 Delivery of Orders to Law Enforcement

My lawyer or I will give copies of the orders to the following law enforcement agencies:

a. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

b. Name of Agency: _____
Address: _____
City: _____ State: _____ Zip: _____

14 ☐ Other Court Cases

Have you ever asked any court for other restraining orders against the person in ② ? ☐ Yes ☐ No

If yes, specify the counties and case numbers if you know them: _____

15 ☐ Time for Service

You must have your papers personally served on (notify) the person in ② at least 5 days before the hearing, unless the court orders a different time for service. (Form CH-135 explains "What is Proof of Service?" Form CH-130 may be used to show the court that the papers have been served.) If your papers cannot be served at least 5 days before the hearing and you need more time, explain why:

This is not a Court Order.



Your name: _____

16 ☐ **No Fee for Filing**

I ask the court to waive the filing fee because the person in ② has used or threatened to use violence against me, has stalked me, or has acted or spoken in some other way that makes me reasonably fear violence. I am asking for a restraining order to stop this conduct.

17 ☐ **No Fee to Serve Orders**

I ask the court to order the sheriff or marshal to serve (notify) the person in ② about the orders for free because that person has stalked me or threatened me with sexual assault.

(To get free service of the court's orders without paying a fee, you must fill out and file the Request and Order for Free Service of Restraining Order (Form CH-101), and if you qualify for a fee waiver, you must also fill out and file the Application for Waiver of Court Fees and Costs (Form 982(a)(17).)

18 ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

- a. ☐ Lawyer's fees
b. ☐ Out-of-pocket expenses

The amounts requested are:

<u>Item</u>	<u>Amount</u>	<u>Item</u>	<u>Amount</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

- ☐ Check here if you need more space. Attach a sheet of paper and write "CH-100, item 18—Lawyer's Fees and Costs" at the top of the page.

19 **Additional Relief**

I ask the court for additional relief as may be proper.

20 Number of pages attached to this form, if any: _____

Date: _____

Attorney's name▶ _____
Attorney's signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name▶ _____
*Sign your name***This is not a Court Order.**

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (*Specify*):

Clerk stamps date here when form is filed.

1 Name of person asking for protection:

Address (skip this if you have a lawyer): (If you want your address to be private, give a mailing address instead):

City: _____ State: _____ Zip: _____

Your telephone number (optional): (_____) _____

Your lawyer (if you have one): (Name, address, telephone number, and State Bar number): _____

Fill in court name and street address:

Superior Court of California, County of**2** Name of person to be restrained:

Description of that person:

Court fills in case number when form is filed.

Case Number:Sex: ☐ M ☐ F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

Home Address (if known): _____

City: _____ State: _____ Zip: _____

Work Address (if known): _____

City: _____ State: _____ Zip: _____

To the person in ②:**3 Notice of Hearing****A court hearing is scheduled on the request for orders against you to stop harassment:**

Name and address of court if different from above:

**Hearing
Date** →

Date: _____ Time: _____

Dept.: _____ Rm.: _____

If you do not want the court to make orders against you, file Form CH-110. Then go to the hearing and tell the court why you disagree. You may bring witnesses and other evidence. If you do not go to this hearing, the court may make restraining orders against you that could last up to 3 years.

4 Court Orders

The court (check a or b):

- a. ☐ Has scheduled the hearing stated in ③. No orders are issued against you at this time.
- b. ☐ Has scheduled the hearing stated in ③ **and** has issued the temporary orders against you specified on page 2. If you do not obey these orders, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.

This is a Court Order.

Your name: _____

☐ **Temporary Orders Against the Restrained Person**

(Write the name of the person in ②): _____

The court has made the temporary orders indicated below against you. You must obey all these orders. These orders will expire on the date of the hearing listed in ③ unless they are extended by the court.

5 ☐ **Personal Conduct Orders**You must **not** do the following things to the people listed in ① and ⑩:

- ☐ a. Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
- ☐ b. Contact (directly or indirectly), telephone, send messages, mail, or e-mail.

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case is allowed and does not violate this Order.

6 ☐ **Stay-Away Order**You **must** stay at least (specify): _____ yards away from:

- | | | |
|--|---|---|
| a. <input type="checkbox"/> The person listed in ① | e. <input type="checkbox"/> Vehicle of person in ① | <input type="checkbox"/> Vehicles of persons in ⑩ |
| b. <input type="checkbox"/> The people listed in ⑩ | f. <input type="checkbox"/> The protected children's school or child care | |
| c. <input type="checkbox"/> The home of the persons in ① and ⑩ | g. <input type="checkbox"/> Other (specify): _____ | |
| d. <input type="checkbox"/> Jobs or workplaces of the persons in ① and ⑩ | _____ | |
| | _____ | |

This stay-away order does not prevent the person in ② from going to or from that person's home or place of employment.

7 **No Guns or Other Firearms**

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

8 **Turn In or Sell Guns or Firearms**

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control. This must be done within 48 hours of receiving this order. But if you were at a hearing on this order, it must be done within 24 hours of the hearing.
- Bring a receipt to the court within 72 hours of receiving this order, to prove that guns have been turned in or sold. (You may use Form CH-145 for this.)

9 ☐ **Other Orders** (specify): _____

10 ☐ **Other Protected Persons**

List of the full names of all family or household members protected by these orders:

This is a Court Order.

Your name: _____

Instructions for the Protected Person**To the person in ①:** (*Write the name of the person in ①*): _____**⑪ Service of Order on Law Enforcement**

If the court issues temporary restraining orders, by the close of business on the date the orders are made, you or your lawyer should deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below.

Name of Law Enforcement Agency: _____

Address (City, State, Zip) _____

_____**⑫ Service of Documents**

You must have someone personally deliver to the person in ② a copy of all the documents checked below:

- a. ☐ CH-120, *Notice of Hearing and Temporary Restraining Order (CLETS)* (completed and file-stamped)
- b. ☐ CH-100, *Request for Orders to Stop Harassment* (completed and file-stamped)
- c. ☐ CH-110, *Answer to Request for Orders to Stop Harassment* (blank form)
- d. ☐ CH-145, *Proof of Firearms Turned In or Sold* (blank form)
- e. ☐ CH-151, *How Can I Answer a Request for Orders to Stop Harassment?*
- f. ☐ Other (*specify*): _____

You must file with the court before the hearing a proof of service of these documents on the person in ②.

⑬ Time for Service (*check a, b, or c*)

- a. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least 5 days before the hearing.
- b. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least 2 days before the hearing.
- c. ☐ A copy of the documents listed in ⑫ must be served in person to the person in ② at least _____ days before the hearing.

⑭ ☐ No Fee for Filing

Filing fees are waived.

⑮ ☐ No Fee for Service of Order by Law Enforcement

The sheriff or marshal will serve this Order without charge because the order is based on a credible threat of violence resulting from a threat of sexual assault or on stalking.

Date: _____

▶ _____
Judicial Officer

This is a Court Order.

Your name: _____

Warnings and Notices to the Restrained Person in ②**You Cannot Have Guns or Firearms**

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item ⑧ above. The court will ask you for proof that you did so. If you do not obey this Order, you can be charged with a crime.

Instructions for Law Enforcement

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this Order are subject to criminal penalties.

**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons with Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

(Clerk will fill out this part)

—Clerk's Certificate—

Clerk's Certificate
[seal]

I certify that this *Notice of Hearing and Temporary Restraining Orders* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

What is “service”?

There are many kinds of service—in person, by mail, and others. This form is about “in-person service.” the *Notice of Hearing and Temporary Restraining Order* (CH-120) and the *Request for Orders to Stop Harassment* (CH-100) must be served “in person.”

That means someone—not you or anyone else protected by the order—must personally “serve” (give) the restrained person a copy of the forms.

Service lets the other person know:

- What orders you are asking for
- The hearing date
- How to answer

Who can serve?

Ask someone you know, a process server, or law enforcement to personally serve (give) a copy of the forms to the person to be restrained. You **cannot** send the forms to that person by mail.

The server must:

- Be over 18 years of age.
- Not be you or anyone else protected by the orders.

The sheriff or marshal may be authorized to serve the court’s orders *for free* if the orders are based on claims of stalking or threat of sexual assault or if you are eligible for a fee waiver.

A “registered process server” is a business you pay to deliver court forms. Look in the Yellow Pages, under “Process Serving.”

(If law enforcement or the process server uses a different Proof of Service form, make sure it lists the forms served.)



Don't serve it by mail!

How to serve

Ask the server to:

- Walk up to the person to be served.
- Make sure it’s the right person.
- Give the person copies of all papers checked on Form CH-130, the Proof of Service form..
- Fill out and sign the Proof of Service form.
- Give the signed Proof of Service to you.

What if the person won’t take the papers or tears them up?

The server must attempt to make personal delivery even if the person won't take the papers. It doesn't matter if the person tears them up.

Who signs the Proof of Service?

Only the person who serves the orders can sign the Proof of Service. You do not sign Form CH-130. The restrained person does not sign this form.

When do the orders have to be served?

It depends. To know the exact date, you have to look at two things on Form CH-120:

First, look at the hearing date on page 1 of CH-120.

The diagram shows a section of Form CH-120 page 1. It is titled "To the person in (2):" and "3 Notice of Hearing". Below this, it says "A court hearing is scheduled on the request for orders". There is a box labeled "Hearing Date" with an arrow pointing to "Date: _____" and "Dept.: _____".

Next, look at the number of days written in (13) on page 3.

The diagram shows a section of Form CH-120 page 3. It is titled "13 Time for Service (check a, b, or c)". There are three options, each with a checkbox:

- a. ☐ A copy of the documents listed in at least 5 days before the hearing.
- b. ☐ A copy of the documents listed in at least 2 days before the hearing.
- c. ☐ A copy of the documents listed in at least ____ days before the hearing.

Look at a calendar. Subtract the number of days in (13) from the hearing date. That's the final date to have the orders served. It's always OK to serve earlier than that date.

If nothing is checked or written in (13), you must serve the orders at least 5 days before the hearing.

Why do I have to get the orders served?

- The *police cannot arrest* anyone for violating an order *unless* that person knows about the order.
- The *judge cannot make the orders permanent* unless the restrained person was served.

What happens if I can't get the orders served before the hearing date?

Before your hearing, fill out and file *Reissue Temporary Restraining Order* (Form CH-125). This form asks the court for a new hearing date and makes your orders last until then. Ask the clerk for the form.

After the court has reissued the orders, you *must* attach a copy of CH-125 to a copy of your original orders. That way, the police will know your orders are still in effect. And the restrained person will be served with notice of the new hearing date.

What do I do with the completed Proof of Service?

- Make at least 5 copies.
- File the original before your hearing.
- Ask the clerk to enter it into CLETS (California Law Enforcement Telecommunications System), a special computer system that lets police all over the state find out about the orders protecting you.
- If the clerk tells you they can't enter it into the computer, take a copy of the orders to your local police. They will put the information into the state computer system. That way, police all over the state will know about your restraining order.
- Bring a copy of the completed Proof of Service (form CH-130) to your hearing.
- Always keep an extra copy of the restraining orders with you for your safety.

Clerk stamps date here when form is filed.

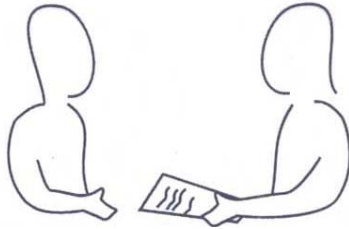
1 Name of person asking for protection:

2 Name of person you want protection from:

3 **Notice to Server**

The server must:

- Be over 18 years of age.
- Not be listed on the restraining order.
- Give a copy of all documents checked in 4 to the person in 2. (You cannot send them by mail.) Then complete and sign this form, and give or mail it to the person in 1.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:**PROOF OF PERSONAL SERVICE**

4 I gave the person in 2 a copy of the documents checked below:

- a. ☐ CH-120, *Notice of Hearing and Temporary Restraining Order (CLETS)*
- b. ☐ CH-100, *Request for Orders to Stop Harassment*
- c. ☐ CH-110, *Answer to Request for Orders to Stop Harassment* (blank form)
- d. ☐ CH-145, *Proof of Firearms Turned In or Sold* (blank form)
- e. ☐ CH-151, *How Can I Answer a Request for Orders to Stop Harassment?*
- f. ☐ CH-140, *Restraining Order After Hearing to Stop Harassment*
- g. ☐ Other (*specify*): _____

5 I personally gave copies of the documents checked above to the person in 2 :

a. On (*date*): _____ b. At (*time*): _____ ☐ a.m. ☐ p.m.

c. At this Address: _____

City: _____ State: _____ Zip: _____

6 **Server's Information**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print server's name

Server to sign here

Clerk stamps date here when form is filed.

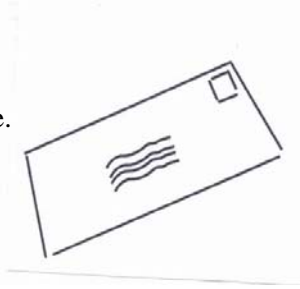
1 Name of person asking for protection:

2 Your name:

3 **Notice to Server**

The server must:

- Be over 18 years of age.
- Be a resident or employed in the county where the mailing took place.
- Not be a party in the case.
- Mail a copy of all documents checked in 4 to the person in 1. Complete and sign this form and give it to the person in 2.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

PROOF OF SERVICE BY MAIL

4 I am over 18 years of age and am a resident or employed in the county where the mailing took place. I mailed the person in 1 a copy of all documents checked below:

- a. ☐ CH-110, *Answer to Request for Orders to Stop Harassment*
- b. ☐ Other (*specify*):

5 I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Mailed from (City): _____ (State): _____
- b. On (Date): _____
- c. To this Address: _____
City: _____ State: _____ Zip: _____

6 **Server's Information**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print server's name

Server to sign here

Request to Waive Service / Filing Fees

You may have these documents served by the Sheriff for free if you qualify in 1 or 2 below:

- 1. Use the “REQUEST AND ORDER FOR FREE SERVICE OF RESTRAINING ORDER” and a FEE WAIVER application if you are asking for a Civil Harassment Restraining Order based on Stalking or Threats of Sexual Assault.**
- 2. If you are not alleging Stalking or Threats of Sexual Assault, you may qualify for free filing and service if you are low income or receive public assistance benefits.**
- 3. If you do not qualify under 1 or 2 above, you will have to pay a filing fee and pay a fee if you want the Sheriff to serve your documents.**

Clerk stamps date here when form is filed.

- ① Your name (person asking for protection):

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

Superior Court of California, County of

- ② Name of person you want protection from:

Clerk fills in case number when form is filed.

Case Number:

Request for Free Service

- ③ If you qualify for a fee waiver, complete *Application for Waiver of Court Fees and Costs* (form 982(a)(17)) and file it with this request. (*Check one*):

- a. ☐ I have completed and filed a fee waiver application.
b. ☐ I am not eligible for a fee waiver.

- ④ I am entitled to free service of the restraining orders by the sheriff or marshal because (*check either item a or b*):

- a. ☐ I asked for domestic violence prevention restraining orders on Form DV-100.
b. ☐ I asked for civil harassment restraining orders on Form CH-100, and my request was based on my fear of (*check at least one box, if applicable*):
(1) ☐ sexual assault.
(2) ☐ stalking.

(If you are not entitled to free service under a or b, you may be eligible under a fee waiver or may pay the sheriff or marshal to serve the restraining orders.)

I declare under penalty of perjury, under the laws of the State of California, that the information above is true and correct.

Date: _____

Type or print your name

▶ _____
Sign your name

(Order is on next page)

Protected person's name: _____

Court Order

- ⑤ The court has reviewed the request of the person in ① and finds that (*check one box only*):
- ☐ The person qualifies for a fee waiver under rule 985 of the California Rules of Court.
 - ☐ The person does not qualify for a fee waiver, but qualifies for orders under item 4a or 4b above.
 - ☐ The person does not qualify for a fee waiver or for orders under item 4a or 4b above.
- ⑥ The sheriff or marshal shall serve the restraining order (on Form DV-110 or DV-130 or CH-120 or CH-140 and reference documents) ☐ without cost ☐ with cost to the person in ①.

Date: _____

☐ Clerk, by _____, Deputy
 (Clerk may grant in full a nondiscretionary fee waiver; see Cal.
 Rules of Court, rule 985(d).)

— or —

☐ _____
Judicial Officer
Instructions for Protected Person

- Fill out page 1 of this form. This form will allow you to ask the sheriff or marshal to serve the restraining order on the restrained person. **There is no cost to you if you qualify under either item 4a or 4b on page 1.**
- Fill out the *Application for Waiver of Court Fees and Costs* (Form 982(a)(17)) if you qualify for a fee waiver based on financial need.
- Give the forms to the court clerk together with your request for a restraining order.
- Ask the clerk how to make sure the sheriff or marshal gets your papers for service.
- If you do not qualify for free service of the restraining order under this request or a fee waiver, you may pay the sheriff or marshal to serve the order on the restrained person.
- For more information about service, read *What is "Proof of Service"?* (Form CH-135 or Form DV-210).

Instructions for Law Enforcement

- Government Code section 6103.2(b) allows the sheriff or marshal to bill the court only for orders or injunctions described in subdivision (q)(1) of Code of Civil Procedure section 527.6. The sheriff or marshal may bill the court for service **only** if item 5b above is checked.
- If the sheriff or marshal is seeking reimbursement for service, the box below must be filled out and a copy of this form returned to the court listed on page 1. **This is not a proof of service.**

Service of the order was made or attempted on (date): _____ Fee for service: \$ _____

Date: _____

 (Type or Print Name of Law Enforcement Representative)_____
 (Signature of Law Enforcement Representative)_____
 (Title and Agency)

(This is Not a Proof of Service.)

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 969.79
2	1,301.04
3	1,632.29
4	1,963.54
5	2,294.79

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,626.04
7	2,957.29
8	3,288.54
Each additional	331.25

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: \$ _____
- b. **My payroll deductions are (specify purpose and amount):**
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ _____
- c. My monthly take-home pay is (a. minus b.): \$ _____
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**
(c. plus d.): \$ _____
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
(a. plus d. plus f.): \$ _____
10. **I own or have an interest in the following property:**
- a. Cash \$ _____
- b. Checking, savings, and credit union accounts (list banks):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):
\$ _____
11. **My monthly expenses not already listed in item 9b above are the following:**
- | | |
|---|----------|
| a. Rent or house payment & maintenance | \$ _____ |
| b. Food and household supplies | \$ _____ |
| c. Utilities and telephone | \$ _____ |
| d. Clothing | \$ _____ |
| e. Laundry and cleaning | \$ _____ |
| f. Medical and dental payments | \$ _____ |
| g. Insurance (life, health, accident, etc.) | \$ _____ |
| h. School, child care | \$ _____ |
| i. Child, spousal support (prior marriage) | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ _____ |
| k. Installment payments (specify purpose and amount): | |
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
- The TOTAL amount of monthly installment payments is: \$ _____
- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____
- m. Other expenses (specify):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| (5) _____ | \$ _____ |
- The TOTAL amount of other monthly expenses is: \$ _____
- n. **MY TOTAL MONTHLY EXPENSES ARE**
(add a. through m.): \$ _____
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER:	
DEFENDANT/ RESPONDENT:	CASE NUMBER:
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): _____ ☐ A previous order was issued on (date): _____

2. The application was filed by (name): _____

3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).

a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**

b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:

(1) ☐ Filing papers. (6) ☐ Sheriff and marshal fees.

(2) ☐ Certification and copying. (7) ☐ Reporter's fees* (valid for 60 days).

(3) ☐ Issuing process and certification. (8) ☐ Telephone appearance (Gov. Code, § 68070.1(c)).

(4) ☐ Transmittal of papers. (9) ☐ Other (specify code section): _____

(5) ☐ Court-appointed interpreter.

* Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.

c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:

(1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.

d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:

e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**

4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985):

a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).

b. ☐ Other (Complete line 4b on page 2).

c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.

d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.

5. ☐ IT IS ORDERED that a **hearing** be held.

a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____

b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:

c. The address of the court is (specify): _____

☐ Same as above

d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____

Clerk, by _____, Deputy

JUDICIAL OFFICER

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): , California, on (date):

	Clerk, by _____, Deputy
<div></div>	<div></div>
<div></div>	<div></div>

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy

THIS FORM IS TO BE USED FOR YOUR 'PERMANENT RESTRAINING ORDER'

Prepare this form and bring it with you to the second hearing. If the Judge grants your request for a permanent restraining order, you must file the signed original with the clerk and take a copy to the local law enforcement agency.

Keep a copy with you at all times.

**Restraining Order After Hearing
to Stop Harassment***Clerk stamps date here when form is filed.***1** Your name (*person asking for protection*):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):_____

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (_____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*): _____

_____*Fill in court name and street address:***Superior Court of California, County of****2** Name of person to be restrained:

*Fill in case number:***Case Number:****Description:**Sex: ☐ M ☐ F Height: _____ Weight: _____ Race: _____

Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____

3 Hearing

There was a hearing:

on (*date*): _____ at (*time*): _____ ☐ a.m. ☐ p.m. Dept.: _____ Rm: __________
(*Name of judicial officer*) made the orders at the hearing.

These people were at the hearing:

- a. ☐ Plaintiff (*the person in ①*) c. ☐ Plaintiff's lawyer (*name*): _____
b. ☐ Defendant (*the person in ②*) d. ☐ Defendant's lawyer (*name*): _____

4 This Is a Court Order

You must obey all the orders indicated below. If you do not obey this Order, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.

5 Expiration Date

This Order, except for an award of lawyer's fees, expires at:

(*time*): _____ ☐ a.m. ☐ p.m. or ☐ midnight on (*date*): _____

If no date is present, this Order expires three years from the date of issuance.

This is a Court Order.

Your name: _____

6 ☐ Personal Conduct OrdersYou must ***not*** do the following things to the people listed in ① and ⑪:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, destroy personal property, keep under surveillance, or block movements.
- b. ☐ Contact (directly or indirectly), telephone, send messages, mail or e-mail.

Peaceful written contact through a lawyer or a process server or other person for service of legal papers related to a court case does not violate these orders.

7 ☐ Stay-Away OrderYou must stay at least (*specify*): _____ yards away from:

- a. ☐ The person listed in ① e. ☐ Vehicle of person in ① ☐ Vehicles of persons in ⑪
- b. ☐ The people listed in ⑪ f. ☐ The protected children's school or child care
- c. ☐ The home of the persons in ① and ⑪ g. ☐ Other (*specify*): _____
- d. ☐ Jobs or workplaces of the persons
in ① and ⑪ _____

This stay away order does not prevent the person in ② from going to or from that person's home or place of work.

8 ☐ No Guns or Other Firearms

You cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

9 ☐ Turn In or Sell Guns or Firearms

You must:

- Sell to a licensed gun dealer or turn in to police any guns or firearms that you possess or control
This must be done within 48 hours of receiving this order. But if you were at a hearing on this order, it must be done within 24 hours of the hearing.
- Bring a receipt to the court within 72 hours of receiving this order, to prove that guns have been turned in or sold. (*You may use CH-145 for this.*)

10 ☐ Other Orders (*specify*): _____

11 ☐ Other Protected Persons

List of the full names of all family and household members protected by these orders:

This is a Court Order.

Case Number:

Your name: _____

Instructions for the Protected Person

To the person in ① (Write the name of the person in ①): _____

⑫ ☐ **Delivery to Law Enforcement**

If the court issues restraining orders, by the close of business on the date this Order is made, you or your attorney must deliver a copy of this Order and any proof of service forms to each law enforcement agency listed below:

Name of Law Enforcement Agency:

Address (City, State, Zip)

⑬ ☐ **No Fee for Service of Order by Law Enforcement**

The sheriff or marshal will serve this Order without charge because the Order is based on stalking or a credible threat of violence resulting from a threat of sexual assault or stalking.

Date: _____

►

Judicial Officer

Warnings and Notices to the Restrained Person in ②

You Cannot Have Guns or Firearms

You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while this Order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control in accordance with item ⑨ above. The court will ask you for proof that you did so. If you do not obey this Order, you can be charged with a crime.

Instructions for Law Enforcement

This Order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an Order of that jurisdiction by any law enforcement agency that has received the Order, is shown a copy of the Order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the Order and then shall enforce it. Violations of this restraining order are subject to criminal penalties.

(Clerk will fill out this part)

Clerk's Certificate

Clerk's Certificate
[seal]

I certify that this *Restraining Order After Hearing to Stop Harassment (CLETS)* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

This is a Court Order.

NOTICE

LEAVE THESE FORMS BLANK AND SERVE ON THE DEFENDANT ALONG WITH A COPY OF THE PETITION AND TEMPORARY RESTRAINING ORDERS.

IF THE SHERIFF IS SERVING YOUR PAPERS, BE SURE TO GIVE THE SHERIFF THESE BLANK FORMS ALSO.

What is a Civil Harassment Restraining Order?

It is a court order.

What does the order do?

The court can order you to:

- Not contact the person who asked for the order
- Stay away from that person and the person's home and workplace
- Not have any guns while the order is in effect

Who can ask for a Civil Harassment Restraining Order?

A person who is worried about safety because they are being:

- Stalked
- Harassed
- Sexually assaulted *or*
- Threatened with violence

How long does the order last?

If the Court makes a temporary order, it will last until your hearing date. At that time, the court will decide to continue or cancel the order. The order could last for up to 3 years.

What if I don't obey the order?

The police can arrest you. You can go to jail and pay a fine.

What if I do not agree with what the order says?

You still must obey the order until the hearing.

If you disagree with the orders the person is asking for, fill out Form CH-110 before your hearing date and file it with the court.

Do I have to serve the other person with a copy of my answer?

Yes. Have someone—other than yourself—mail a copy of completed Form CH-110 to the person who asked for the order (or that person's lawyer). (This is called "Service.")

The person who serves the form by mail must fill out Form CH-131, *Proof of Service by Mail*. Make a copy of the proof of service and file it with the court clerk.

Should I go to the court hearing?

Yes. Go to court on the date listed on Form CH-120. If you do not go to court, the judge can make orders without hearing from you.

CH-120 Notice of Hearing and Temporary Restraining Order		Clerk stamps date here when form is filed
1 Name of person asking for protection: _____ Address (skip this if you have a lawyer: (If you want your address to be private, give a mailing address instead): _____ City: _____ State: _____ Zip: _____ Your telephone number (optional): (_____) _____ Your lawyer (if you have one) (Name, address, telephone number, and State Bar number): _____		Fill in court name and street address: Superior Court of California, County of _____ Court fills in case number when form is filed Case Number: _____
2 Name of person to be restrained: _____ Description of that person: Sex: <input type="checkbox"/> M <input type="checkbox"/> F Height: _____ Weight: _____ Race: _____ Hair Color: _____ Eye Color: _____ Age: _____ Date of Birth: _____ Home Address (if known): _____ City: _____ State: _____ Zip: _____ Work Address (if known): _____ City: _____ State: _____ Zip: _____		
3 Notice of Hearing A court hearing is scheduled on the request for orders against you to stop harassment: Name and address of court if different from above: _____ Hearing Date: _____ Time: _____ Dept: _____ Rm.: _____		
If you do not want the court to make orders against you, file Form CH-110. Then go to the hearing and tell the court why you disagree. You may bring witnesses and other evidence. If you do not go to this hearing, the court may make restraining orders against you that could last up to 3 years.		
4 Court Orders The court (check a or b): a. <input type="checkbox"/> Has scheduled the hearing stated in 3. No orders are issued against you at this time. b. <input type="checkbox"/> Has scheduled the hearing stated in 3 and has issued the temporary orders against you specified on page 2. If you do not obey these orders, you can be arrested and charged with a crime. And you may have to go to jail, pay a fine of up to \$1,000, or both.		
This is a Court Order.		
<small>Judicial Council of California, www.courtinfo.ca.gov Revised January 1, 2005. Replaces Form CH-120, 1995. Code of Civil Procedure, §§ 52.7 and 52.8 Approved by DCS.</small>		

Do I need a lawyer?

No. But it is a good idea. Ask the court clerk about legal services and self-help centers in your county.

Will I see the person who asked for the order at the court hearing?

If the person goes to the hearing, yes. Do not talk to that person unless the judge says you can.

Can I bring a witness to the court hearing?

Yes. You can bring witnesses or documents that support your case. But if possible, you should also bring the witnesses' written statements of what they saw or heard to the hearing. Their statements must be made under penalty of perjury. You can use Form MC-030 for this.

Can I bring someone with me to court?

Yes. You can bring someone to sit with you during the hearing. But that person cannot speak for you in court. Only you or your lawyer (if you have one) can speak for you.

What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You may have to pay a fee for the interpreter. If an interpreter is not available for your court date, bring someone to interpret for you. You cannot ask a child under 18 to interpret for you.

What if I am deaf?

If you are deaf, contact the clerk at least 5 days before the hearing. (See information on Requests for Accommodations below.)

Need more information?

Ask the court clerk about free or low-cost legal help.

For help in your area, contact:

[Local information may be inserted]

Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (Form MC-410). (Civil Code, § 54.8)



Clerk stamps date here when form is filed.

1 Name of person who asked for the order:**2** Your name: _____Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: _____ State: _____ Zip: _____

Your telephone (*optional*): (____) _____Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*): _____

Fill in court name and street address:

Superior Court of California, County of**Use this form to give the court your answers to CH-100**

- Read Form CH-151 to protect your rights.
- Fill out this form and then take it to the court clerk.
- Serve the person in **1** with a copy of this form and any attached pages.

Fill in case number:

Case Number:**3** ☐ **Personal Conduct Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*):

The court will consider your Answer at the hearing. Write your hearing date and time here:

Hearing → Date: _____ Time: _____
Date Dept.: _____ Room: _____

You must obey the court's orders until the hearing. If you do not come to this hearing, the court may make the orders requested against you last for up to 3 years.

4 ☐ **Stay Away Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*): _____

5 ☐ **Turn In Guns or Other Firearms**

- a. ☐ I do not own or have any guns or firearms.
- b. ☐ I agree to the order requested.
- c. ☐ I do not agree to the order requested.
- d. ☐ I agree to the following order (*specify*): _____

6 ☐ **Other Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested.
- c. ☐ I agree to the following orders (*specify*): _____



Your name: _____

7 ☐ **Emotional Distress**

- a. ☐ The person in ① has not suffered emotional distress. *(Explain):* _____

- b. ☐ A reasonable person in the same position as the person in ① would not have suffered emotional distress. *(Explain):* _____

- c. ☐ If the person in ① has suffered any emotional distress, it is not because of what that person has accused me of doing. *(Explain):* _____

8 ☐ **Purpose of Actions**

What I did to the person in ①—if anything—was not done on purpose.

9 ☐ **Denial**

- a. ☐ I did not do anything described in ⑥ of Form CH-100. *(Skip to ⑪.)*
- b. ☐ I did some or all of the things described in ⑥ of Form CH-100. *(Explain in ⑩–⑪.)*

10 ☐ **Reason or Excuse**

I have done some or all of the things the person in ① has accused me of, but:

- a. ☐ What I did was legal. *(Explain):* _____

- b. ☐ I had a good reason for doing these things. *(Explain):* _____

- c. ☐ I have other reasons to justify what I did. *(Explain):* _____

11 ☐ **The court should not make an order against me because:** *(List facts or reasons below):*

☐ Check here if you need more space. Attach a sheet of paper and write “CH-110, Item 11— Facts and Reasons” at the top. Give specific facts and reasons.



Case Number:

Your name: _____

12 ☐ **No Fee for Filing**

I ask the court to waive the filing fee because the person in ① claims that I have used or threatened to use violence against them or have acted in some other way that would make them reasonably fear violence.

13 ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

a. ☐ Lawyer's fees

b. ☐ Out-of-pocket expenses

because the temporary restraining order was issued without enough supporting facts.

The amounts requested are:

Item	Amount	Item	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

14 ☐ **Other Relief**

I ask for additional relief as may be proper.

15 Number of pages attached to this form, if any: _____

Date: _____

Attorney's name

► _____
Attorney's signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name

► _____
Sign your name

Clerk stamps date here when form is filed.

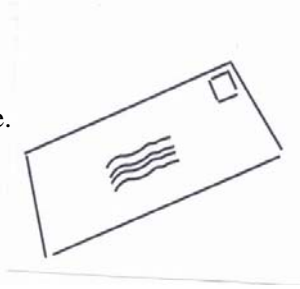
1 Name of person asking for protection:

2 Your name:

3 **Notice to Server**

The server must:

- Be over 18 years of age.
- Be a resident or employed in the county where the mailing took place.
- Not be a party in the case.
- Mail a copy of all documents checked in 4 to the person in 1. Complete and sign this form and give it to the person in 2.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:

PROOF OF SERVICE BY MAIL

4 I am over 18 years of age and am a resident or employed in the county where the mailing took place. I mailed the person in 1 a copy of all documents checked below:

- a. ☐ CH-110, *Answer to Request for Orders to Stop Harassment*
- b. ☐ Other (*specify*):

5 I placed copies of the documents checked above in a sealed envelope and mailed them as described below:

- a. Mailed from (City): _____ (State): _____
- b. On (Date): _____
- c. To this Address: _____
City: _____ State: _____ Zip: _____

6 **Server's Information**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

(If you are a registered process server):

County of registration: _____ Registration number: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print server's name

Server to sign here